

[] Date Stamped Copy Returned
[] No Self-Addressed Stamped Envelope
[X] No Copy Provided

Fill in this information to identify the case:

Debtor 1 Puerto Rico Buildings Authority jointly w/ Common, of PR

Debtor 2
(Spouse, if filing) _____

United States Bankruptcy Court for the: District of Puerto Rico

Case number 17-03283

RECEIVED

JUL 28 2020

PRIME CLERK LLC

Official Form 410

Proof of Claim



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04/19

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	Unión de Empleados de la AEP on behalf of <u>GEORGE PAGAN NEGRON</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor <u>GEORGE PAGAN - NEGRON</u>	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? Roberto O. Maldonado-Nieves Name 344 Street #7 N.E. Office 1-A Number Street San Juan, Puerto Rico 00920 City State ZIP Code Contact phone <u>787-782-3221</u> Contact email <u>romn1960@gmail.com</u>	Where should payments to the creditor be sent? (if different) Unión de Empleados de la AEP Name 1214 Calle Cádiz Urb. Puerto Nuevo Number Street San Juan, Puerto Rico 00920 City State ZIP Code Contact phone <u>787-479-2692</u> Contact email <u>gilberto.rolan@uiaaep.com</u>
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on <u>MM / DD / YYYY</u> <u>2 / 24</u>	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? ☒ No
☐ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____

7. How much is the claim? \$ 203,008 Does this amount include interest or other charges?
☐ No
☒ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
Limit disclosing information that is entitled to privacy, such as health care information.

WRONGFUL TERMINATION

9. Is all or part of the claim secured? ☒ No
☐ Yes. The claim is secured by a lien on property.

Nature of property:

☐ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.

☐ Motor vehicle

☐ Other. Describe: _____

Basis for perfection: _____

Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

Value of property: \$ _____

Amount of the claim that is secured: \$ _____

Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)

Amount necessary to cure any default as of the date of the petition: \$ _____

Annual Interest Rate (when case was filed) _____ %

☐ Fixed

☐ Variable

10. Is this claim based on a lease? ☒ No
☐ Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? ☒ No
☐ Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

☐ No

☒ Yes. Check one:

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Amount entitled to priority

\$ _____

☐ Up to \$3,025* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

\$ _____

☒ Wages, salaries, or commissions (up to \$13,650*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

\$ 13,650

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

\$ _____

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

\$ _____

☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

\$ _____

* Amounts are subject to adjustment on 4/01/22 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☐ I am the creditor.

☒ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 07/28/2020

MM / DD / YYYY

Signature

Print the name of the person who is completing and signing this claim:

Name Roberto O. Maldonado-Nieves

First name

Middle name

Last name

Title Attorney

Company Roberto O. Maldonado-Nieves

Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 344 Street #7 N.E. Office 1-A

Number Street

San Juan, Puerto Rico

00920

City

State

ZIP Code

Contact phone 787-782-3221

Email romn1960@gmail.com

Attachement to Proof of claim by

Unión de Empleados de Autoridad de Edificios Públicos on behalf of
George Pagán Negrón

Wrongful termination claim pending arbitration hearing

Amount in back pay due \$203,008.00 accumulating interests at 6% per year, and additional
back pay at the monthly wage until reinstatement plus legal fees

Sick leave and vacation pay accumulated as of date of termination until reinstatement as
provided by collective bargaining agreement with PBA

Sick days accumulated 94.5 and vacation leave days 157.5 that continue accumulating until
reinstatement in addition to all of the penalties provided by the CBA

1 From
 Date 7/20/2020 Sender's FedEx Account Number
 Sender's Name Johann Munoz Phone
 Company CITY TOWERS
 Address 250 Ponce de Leon Ave.
 Address Suite 503
 City Hato Rey State PR
 Country ZIP Postal Code 00918
 Email
 Address
 Internal Billing Reference 1845-0002 74 # of CLAIMS

2 To
 28 ☐ Residential Delivery
 Recipient's Name Phone 2122574169
 Company PRIME CLERK
 Address Dept./Floor
 Address 850 3RD AVE STE 412
 City BROOKLYN State NY
 Country US ZIP Postal Code 11232
 Email
 Address
 Recipient's Tax ID Number for Customs Purposes

3 Shipment Information
 Total Packages 1 Total Weight 2 lbs. ☒ kg ☐ DIM ☐ in. ☐ cm
 Shipper's Label and Count SLAC

Commodity Description	Harmonized Code	Country of Manufacture	Value for Customs
<u>Doc's</u>		<u>USA</u>	<u>NCV</u>

Has EEL been filed in AES? <input type="checkbox"/>	No EEL required, value \$2,500 or less per Sack, B Number, no license required (NLR), not subject to ITR.	Total Declared Value for Carriage <u>NCV</u>	Total Value for Customs (Specify Currency) <u>NCV</u>
For U.S. Export Only: Check One <input type="checkbox"/>	No EEL required, enter exemption number: _____	If other than NLR, enter License Exception: _____	
<input type="checkbox"/> Yes - Enter AES proof of filing citation: _____			

Barcode: 8135 9267 1131 0402 Form ID No.

4 Express Package Service
 NOTE: Service order has changed. Please select carefully.

5 Packaging
☒ FedEx Intl. First ☐ FedEx Intl. Priority ☐ FedEx Intl. Economy
☐ FedEx Envelope ☒ FedEx Pak ☐ FedEx Box ☐ FedEx Tube
☐ FedEx 10kg Box ☐ FedEx 25kg Box ☐ Other

6 Special Handling and Delivery Signature Options Fees may apply.
☐ HOLD at FedEx Location ☐ SATURDAY Delivery
☐ Direct Signature (Someone at recipient's address may sign for delivery.)
☒ Indirect Signature (If no one is available at recipient's address, someone at a neighboring address may sign for delivery, residential deliveries only.)

7 Payment Complete payment options for FedEx transportation charges and duties.
 Bill transportation charges to:
☐ Sender (Acct. No. in Section 1 will be billed.) ☒ Recipient ☐ Third Party ☐ Credit Card ☐ Cash Check/Cheque
 FedEx Acct. No. 9095-8996-7
 Bill duties and taxes to:
☐ Sender (Acct. No. in Section 1 will be billed.) ☐ Recipient ☐ Third Party ☐ Cash Check/Cheque
 FedEx Acct. No.

8 Required Signature
 Use of this Air Waybill constitutes your agreement to the Conditions of Contract on the back of this Air Waybill, and you represent that this shipment does not require a U.S. State Department License or contain dangerous goods. Certain international treaties, including the Warsaw or Montreal Convention, may apply to this shipment and limit our liability for damage, loss, or delay, as described in the Conditions of Contract.
 WARNING: These commodities, technology, or software were exported from the United States in accordance with Export Administration Regulations. Diversion to unauthorized countries is prohibited.
 Sender's Signature: Johann Munoz
 Received above shipment in good order and condition. We agree to pay all charges, including Customs duties and taxes as applicable, and we agree to the Conditions of Carriage as stated on the reverse side of the Recipient's Copy.
 Recipient's Signature: [Signature]

Origin Station ID <u>SIG</u>	Country Code/Destination Station ID <u>FBT</u>	URSA Routing <u>X1FBT</u>	Handling Units Total Volume (cm)
Received At: <input type="checkbox"/> Reg. Stop <input checked="" type="checkbox"/> On-Call Stop <input type="checkbox"/> Drop Box <input type="checkbox"/> World Service Center <input type="checkbox"/> Station	Forms Attached: <input type="checkbox"/> CI <input type="checkbox"/> CO		
Base Charges FedEx Emp. # <u>10030</u>	Declared Value Chrg. Emp. # <u>7/20</u>	DDA/SPA Emp. # <u>180</u>	Credit Card Auth. Date _____ Time _____

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PACKAGE LABEL
 COMMERCIAL INVOICE LABEL
 DELIVERY RECORD LABEL
 DELIVERY RECEIPT LABEL

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